

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7525</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>JAMES B. GORDON, JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>307 CROW CANYON DRIVE</u> City <u>FOLSOM CA</u> State <u>CA</u> ZIP Code + 4 <u>95620</u>	4. Name, file number, and address of labor organization. Name <u>COMMUNICATIONS WORKERS of AMERICA</u> Labor Organization File Number <u>000188</u> P.O. Box, Building and Room Number, if any _____ Street <u>501 THIRD STREET, N.W.</u> City <u>WASHINGTON,</u> State <u>D.C.</u> ZIP Code + 4 <u>20001-2797</u>
5. Position in labor organization. <u>ADMINISTRATIVE ASST TO VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>SBC WEST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>140 New Montgomery</u> City <u>SAN FRANCISCO</u> State <u>CA</u> ZIP Code + 4 <u>94105</u>	7.a. Nature of Interest, Transaction, or Income. <u>See Attachment</u> 7.b. Amount. <u>See Attachment</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/11/05</u> Date <u>916 985-9172</u> Telephone Number

Attachment to Form LM-30
Labor Organization Officer and Employee Report

Name: James B. Gordon, Jr.
Period: 01/01/04 thru 12/31/04

Part A, Item 7a (Nature of Interest, Transaction of Income).

Date	Transaction	Amount
01/31/04	Reimbursed expense attending Telecommunications Consumer Advisory Panel Meeting	\$617.00
03/05/04	Reimbursed expense attending Telecommunications Consumer Advisory Panel Meeting	\$767.69
08/13/04	Reimbursed expense attending Telecommunications Consumer Advisory Panel Meeting	\$918.35
10/29/04	Reimbursed expense attending Telecommunications Consumer Advisory Panel Meeting	\$1,171.50
Totals		\$3,474.54

Part A, Item 7b (Amount).

\$3,474.54